Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MICHIGAN		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yoursel	f	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is your government-issu picture identification (fexample, your driver's license or passport). Bring your picture identification to your meeting with the truster	First name First name Earl Middle name Leslie	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you used in the last 8 year Include your married of maiden names.	ars	
3.	Only the last 4 digits your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4876	

Debtor 1 Michael Earl Leslie Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		3351 W Lyndon Ave Flint, MI 48504-6966 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Genesee	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Deb	otor 1 Michael Earl Leslie	Э				Case	number (if known)	
	t 2: Tell the Court About				Nation De		C C 240/b) for the division	vala Filina fan Bankunstav
7.	The chapter of the Bankruptcy Code you are			rief description of each, see go to the top of page 1 and			.C. § 342(b) for individu	ials Filing for Bankruptcy
	choosing to file under	☐ Ch	apter 7					
		☐ Ch	apter 11					
		☐ Ch	apter 12					
		■ Ch	apter 13					
8.	How you will pay the fee	_	about how yo	attorney is submitting your p	are paying	the fee yourself,	you may pay with cash	local court for more details , cashier's check, or money n a credit card or check with
				the fee in installments. If		e this option, sigr	n and attach the <i>Applica</i>	ation for Individuals to Pay
			ŭ	e <i>in Installment</i> s (Official Fo t my fee be waived (You m	,	this option only i	if you are filing for Chap	oter 7. By law, a judge may,
			out is not requapplies to you		I may do so able to pa	o only if your inco y the fee in instal	ome is less than 150% of Iments). If you choose t	of the official poverty line that this option, you must fill out
9.	Have you filed for	□ No.						
	bankruptcy within the last 8 years?	■ Yes	s.					
			District	Eastern District of Michigan	When	4/24/18	Case number	18-31028
			District		When		Case number	
			District		When		Case number	
10.	Are any bankruptcy cases pending or being filed by a spouse who is	■ No).					
	not filing this case with you, or by a business partner, or by an affiliate?							
			Debtor				Relationship to y	ou
			District		When		Case number, if	known
			Debtor				Relationship to y	
			District		When		Case number, if	known
11.	Do you rent your residence?	■ No.	Go to li	ne 12.				
	residence?	☐ Yes	. Has yo	ur landlord obtained an evic	tion judgm	ent against you?		
				No. Go to line 12.				
				Yes. Fill out <i>Initial Statement</i> this bankruptcy petition.	nt About ar	n Eviction Judgm	ent Against You (Form	101A) and file it as part of

art	3: Report About Any Bu	sinesses	ou Own as a Sole	Proprietor
2.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
		☐ Yes.	Name and locati	on of business
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of busines	ss, if any
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street,	City, State & ZIP Code
	it to this petition.		Check the appro	ppriate box to describe your business:
			☐ Health C	are Business (as defined in 11 U.S.C. § 101(27A))
			☐ Single As	sset Real Estate (as defined in 11 U.S.C. § 101(51B))
			☐ Stockbro	ker (as defined in 11 U.S.C. § 101(53A))
			☐ Commod	dity Broker (as defined in 11 U.S.C. § 101(6))
			☐ None of t	the above
3.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	. If you indicate that	or 11, the court must know whether you are a small business debtor so that it can set appropriate to you are a small business debtor, you must attach your most recent balance sheet, statement of ent, and federal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of <i>small</i>	■ No.	I am not filing un	der Chapter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Code.	Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under	Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
art	4: Report if You Own or	Have Any	Hazardous Proper	rty or Any Property That Needs Immediate Attention
	Do you own or have any	■ No.		, , o. , , ,
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety?	☐ Yes.	What is the hazard	?
	Or do you own any property that needs immediate attention?		If immediate attenti needed, why is it no	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the prope	erty?
				Number, Street, City, State & Zip Code

Debtor 1 Michael Earl Leslie

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Michael Earl Lesli	е		Case number (if I	known)
Par	t 6: Answer These Questi	ons for Repo	orting Purposes		
16.	What kind of debts do you have?		re your debts primarily consur dividual primarily for a personal,	mer debts? Consumer debts are defined family, or household purpose."	in 11 U.S.C. § 101(8) as "incurred by an
			No. Go to line 16b.		
			Yes. Go to line 17.		
				ss debts? Business debts are debts that nt or through the operation of the busines	
			No. Go to line 16c.		
			Yes. Go to line 17.		
		16c. St	ate the type of debts you owe th	at are not consumer debts or business de	ebts
17.	Are you filing under Chapter 7?	■ No. I a	am not filing under Chapter 7. Go	to line 18.	
	Do you estimate that after any exempt property is excluded and			u estimate that after any exempt property e to distribute to unsecured creditors?	is excluded and administrative expenses
	administrative expenses are paid that funds will		l No		
	be available for distribution to unsecured creditors?		Yes		
18.	How many Creditors do	■ 1-49		□ 1,000-5,000	1 25,001-50,000
	you estimate that you owe?	□ 50-99		5001-10,000	50,001-100,000
		□ 100-199 □ 200-999		□ 10,001-25,000	☐ More than100,000
19.	How much do you estimate your assets to	\$0 - \$50,		\$1,000,001 - \$10 million	\$500,000,001 - \$1 billion
	be worth?	□ \$50,001 □ \$100,001 □ \$500,001	- \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you	□ \$0 - \$50,	000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?	\$50,001		☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion
		□ \$100,001 □ \$500,001		□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Par	t7: Sign Below				
For	you	I have exam	ined this petition, and I declare u	under penalty of perjury that the information	on provided is true and correct.
				n aware that I may proceed, if eligible, und available under each chapter, and I choos	
				y or agree to pay someone who is not an ce required by 11 U.S.C. § 342(b).	attorney to help me fill out this
		I request rel	ef in accordance with the chapte	er of title 11, United States Code, specified	d in this petition.
		bankruptcy of and 3571.	case can result in fines up to \$25	cealing property, or obtaining money or pro 50,000, or imprisonment for up to 20 years	
		Michael Ea Signature of		Signature of Debtor 2	
		Executed or	March 12, 2019 MM / DD / YYYY	Executed on MM / DI	D/YYYY

Debtor 1	Michael Earl Leslie		Case number (if known)	
For your a	attorney if you are	I the attorney for the debtor(s) named in this petition	n declare that I have informed the debtor(s) about eligibility to proceed

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Robert W. Dietrich	Date	March 12, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Robert W. Dietrich P49704		
Printed name		
DIETRICH LAW FIRM		
Firm name		
3815 West Saint Joseph Street		
Suite A200		
Lansing, MI 48917-3687		
Number, Street, City, State & ZIP Code		
Contact phone (517) 374-8000	Email address	contact@DietrichLawFirm.net
P49704 MI		
Bar number & State		

		_		
Fill	in this information to identify your case:			
Deb	otor 1 Michael Earl Leslie First Name Middle Name Last Name	-		
	otor 2	_		
` `	ouse if, filing) First Name Middle Name Last Name			
Unite	ted States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN	-		
Case (if kno	se number		_	if this is an led filing
	ficial Form 106Sum			
	mmary of Your Assets and Liabilities and Certain Statistical Inform			2/15
infor	as complete and accurate as possible. If two married people are filing together, both are equally res rmation. Fill out all of your schedules first; then complete the information on this form. If you are fill roriginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. The summarize Your Assets			
			Your as Value of	sets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B		\$	34,200.00
	1b. Copy line 62, Total personal property, from Schedule A/B		\$	12,561.25
	1c. Copy line 63, Total of all property on Schedule A/B		\$	46,761.25
Part	t 2: Summarize Your Liabilities			
			Your lia Amount	abilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Sch	nedule D	\$	49,949.97
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F		\$	9,908.30
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F		\$	26,172.54
	Your total	l liabilities	\$	86,030.81
Part	t 3: Summarize Your Income and Expenses			
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I		\$	3,821.51
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J		\$	2,121.51
Part	t 4: Answer These Questions for Administrative and Statistical Records			
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the co	ourt with you	ır other sch	edules.
7.	■ Yes What kind of debt do you have?			
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual p	rimarily for	a personal,	family, or

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,254.22

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	9,908.30
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	9,908.30

Debto	or 1	Michael Earl Leslie			
	-	First Name Mid	dle Name Last Name		
Debto Spous	_	First Name Mid	dle Name Last Name		
Jnite	d States Bankr	uptcy Court for the: EASTER	N DISTRICT OF MICHIGAN		
ase	number				Check if this is a amended filing
)ffi	cial Forn	n 106A/B			
		A/B: Property			12/15
art 1	: Describe Eac	h Residence, Building, Land, or	Other Real Estate You Own or Have an Interest In		
	you own or have No. Go to Part 2. Yes. Where is the		any residence, building, land, or similar property?		
.1	No. Go to Part 2. Yes. Where is the	e property?	what is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amount of any secur	claims or exemptions. Put red claims on <i>Schedule D:</i> aims Secured by Property.
1	No. Go to Part 2. Yes. Where is the	e property? Ave ailable, or other description	What is the property? Check all that apply ■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home	the amount of any secur	red claims on Schedule D:
1	No. Go to Part 2. Yes. Where is the 3351 Lyndon Street address, if av	e property? Ave ailable, or other description MI 48504-0000	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	the amount of any secur Creditors Who Have Class Current value of the entire property?	red claims on Schedule D: aims Secured by Property. Current value of the portion you own?
.1	No. Go to Part 2. Yes. Where is the	e property? Ave ailable, or other description	What is the property? Check all that apply ■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home	Current value of the entire property? \$34,200.00 Describe the nature of (such as fee simple, te	current value of the portion you own? \$34,200.0 Syour ownership interest enancy by the entireties, of
1	No. Go to Part 2. Yes. Where is the 3351 Lyndon Street address, if av	e property? Ave ailable, or other description MI 48504-0000	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one	Current value of the entire property? \$34,200.00 Describe the nature of (such as fee simple, te a life estate), if known.	current value of the portion you own? \$34,200.0 Syour ownership interest enancy by the entireties, of
1 -	No. Go to Part 2. Yes. Where is the 3351 Lyndon Street address, if av	e property? Ave ailable, or other description MI 48504-0000	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only	Current value of the entire property? \$34,200.00 Describe the nature of (such as fee simple, te	current value of the portion you own? \$34,200.0 Syour ownership interest enancy by the entireties, of
1	No. Go to Part 2. Yes. Where is the 3351 Lyndon Street address, if av	e property? Ave ailable, or other description MI 48504-0000	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one	Current value of the entire property? \$34,200.00 Describe the nature of (such as fee simple, te a life estate), if known. Future interest	current value of the portion you own? \$34,200.0 Syour ownership interest enancy by the entireties, of
.1	No. Go to Part 2. Yes. Where is the 3351 Lyndon Street address, if av	e property? Ave ailable, or other description MI 48504-0000	What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property? \$34,200.00 Describe the nature of (such as fee simple, te a life estate), if known. Future interest Check if this is co (see instructions)	Current value of the portion you own? \$34,200.0 Your ownership interest enancy by the entireties, contact the portion of the portion of the portion you own?

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

Official Form 106A/B Schedule A/B: Property page 1

Deb	Michael Earl Leslie	Case	number (if known)	
3. C	ars, vans, trucks, tractors, sport utili	ty vehicles, motorcycles		
П	No			
_	Yes			
	103			
3.1	Make: Chrysler	Who has an interest in the property? Check one		claims or exemptions. Put
	Model: 300 Touring	Debtor 1 only	Creditors Who Have Ck	red claims on Schedule D: aims Secured by Property.
	Year: 2007	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 170,0	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
	Value based on 85% NADA Clean Retail.	Check if this is community property (see instructions)	\$3,761.25	\$3,761.25
5 A .p	ages you have attached for Part 2. V 3: Describe Your Personal and Househ	u own for all of your entries from Part 2, including any e Vrite that number hereold Items old Items ole interest in any of the following items?		\$3,761.25 Current value of the portion you own? Do not deduct secured claims or exemptions.
E	ousehold goods and furnishings Examples: Major appliances, furniture, li No Yes. Describe Typical Fur	nens, china, kitchenware niture. No item over \$600.		\$1,500.00
	Турюшти	maic. No hem over 4000.		
	Typical Kito	chenware. No item over \$600.		\$500.00
E	including cell phones, camer No Yes. Describe Typical Ele	o, video, stereo, and digital equipment; computers, printers, as, media players, games ctronics (TV, Cell Phones, Computer). No item over		tions; electronic devices
	\$600.			φ1,000.00
E	ollectibles of value Examples: Antiques and figurines; paint other collections, memorabil ■ No ■ Yes. Describe	ings, prints, or other artwork; books, pictures, or other art ob a, collectibles	jects; stamp, coin, or b	aseball card collections;
E	quipment for sports and hobbies Examples: Sports, photographic, exercis musical instruments No Yes. Describe	se, and other hobby equipment; bicycles, pool tables, golf cl	ubs, skis; canoes and k	cayaks; carpentry tools;

Schedule A/B: Property page 2 Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com 19-30590-jda Doc 1 Filed 03/12/19 Entered 03/12/19 15:41:00 Page 11 of 55

Official Form 106A/B

De	ebtor 1	Michael Earl L	eslie			Case number (if known)	
10.	Firearms Example ■ No		shotgun	s, ammunition, ar	nd related equipment		
	☐ Yes. □	Describe					
11.	Clothes Example □ No	es: Everyday cloth	nes, furs	, leather coats, de	esigner wear, shoes, accessories		
	Yes. D	Describe					
			Гуріса	Clothing. No	item over \$600.		\$1,000.00
12.	□ No ´	es: Everyday jewe Describe	elry, cos	tume jewelry, eng	gagement rings, wedding rings, heirlo	oom jewelry, watches, gems,	gold, silver
			Гуріса	l Jewelry			\$500.00
	No No No No No	es: Dogs, cats, bir	househ	old items you di	d not already list, including any he	ealth aids you did not list	
15			•		Part 3, including any entries for p	ages you have attached	\$4,500.00
		cribe Your Financia			in any of the following?		Current value of the
טט	o you own	i or nave any leg	ai or ec	ultable interest	in any of the following?		portion you own? Do not deduct secured claims or exemptions.
16.	□ No Î			•	home, in a safe deposit box, and on	hand when you file your petil	tion
						Cash	\$200.00
— 17.	Example No				ecounts; certificates of deposit; share nts with the same institution, list each Institution name:		houses, and other similar
			17.1.	Checking	ELGA Credit Union		\$1,000.00
18.	Example	mutual funds, or es: Bond funds, in	publicl vestme	y traded stocks nt accounts with b	orokerage firms, money market acco	unts	
	■ No			nstitution or issue	ar name.		

Official Form 106A/B Schedule A/B: Property page 3

De	ebtor 1	Michael Earl L	.eslie		Case number (if known)	
19.	joint v	ublicly traded stoo enture	ck and interests in incorpo	orated and unincorporated busine	sses, including an interest	in an LLC, partnership, and
	■ No					
	☐ Yes.	Give specific infor	mation about them Name of entity:		% of ownership:	
20.	Negoti	<i>iable instrument</i> s ir	clude personal checks, cas	otiable and non-negotiable instrum shiers' checks, promissory notes, and ansfer to someone by signing or deliv	d money orders.	
	☐ Yes.	Give specific inform	nation about them Issuer name:			
21.		ment or pension a ples: Interests in IR		103(b), thrift savings accounts, or othe	er pension or profit-sharing pl	ans
	☐ Yes.	List each account	separately. Type of account:	Institution name:		
22.	Your s Examp		deposits you have made so	that you may continue service or us public utilities (electric, gas, water), to		es, or others
	■ No □ Yes.			Institution name or individual:		
23.	Annuit	ties (A contract for	a periodic payment of mone	ey to you, either for life or for a numbe	er of years)	
	☐ Yes	Issu	er name and description.			
24.	26 U.S.		IRA, in an account in a question (b), and 529(b)(1).	ualified ABLE program, or under a	qualified state tuition prog	ram.
	■ No □ Yes	Inst	tution name and description	n. Separately file the records of any in	nterests.11 U.S.C. § 521(c):	
25.	Trusts	, equitable or futu	re interests in property (o	other than anything listed in line 1),	, and rights or powers exer	cisable for your benefit
	☐ Yes.	Give specific infor	mation about them			
26.				nd other intellectual property eds from royalties and licensing agree	ements	
	☐ Yes.	Give specific infor	mation about them			
27.			d other general intangible its, exclusive licenses, coop	es perative association holdings, liquor li	icenses, professional licenses	S
		Give specific infor	mation about them			
M	oney or	property owed to	you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	funds owed to you	ı			
	☐ Yes.	Give specific inform	nation about them, including	g whether you already filed the return	ns and the tax years	
29.		r support oles: Past due or lu	mp sum alimony, spousal s	support, child support, maintenance, c	divorce settlement, property s	ettlement
	ПYes	Give specific inform	nation			

Official Form 106A/B Schedule A/B: Property page 4

Debtor 1 Michael Earl Leslie		Michael Earl Leslie	Case number (if known)				
30.		amounts someone owes you ples: Unpaid wages, disability in benefits; unpaid loans you	nsurance payments, disability benefits, sick pay, vacation pay, workers' compe u made to someone else	nsation, Social Security			
	□ No						
	Yes.	Give specific information					
			Refund from prior bankruptcy. Sent by Trustee, but not yet received.	\$3,100.00			
31.		sts in insurance policies ples: Health, disability, or life ins	surance; health savings account (HSA); credit, homeowner's, or renter's insura	nce			
	_	Name the insurance company Compan		Surrender or refund value:			
	If you somed	are the beneficiary of a living troone has died.	you from someone who has died ust, expect proceeds from a life insurance policy, or are currently entitled to rec	eive property because			
	☐ Yes.	Give specific information					
33.	Claims Examp	s against third parties, whether ples: Accidents, employment dis	er or not you have filed a lawsuit or made a demand for payment sputes, insurance claims, or rights to sue				
	☐ Yes.	Describe each claim					
34.	■ No	contingent and unliquidated of Describe each claim	claims of every nature, including counterclaims of the debtor and rights to	o set off claims			
	■ No	nancial assets you did not alro Give specific information	eady list				
36			entries from Part 4, including any entries for pages you have attached	\$4,300.00			
Pa	rt 5: De	scribe Any Business-Related Pro	perty You Own or Have an Interest In. List any real estate in Part 1.				
	•	, ,	le interest in any business-related property?				
		o to Part 6.					
ı	→ Yes. (Go to line 38.					
Pa		escribe Any Farm- and Commercia you own or have an interest in farmla	al Fishing-Related Property You Own or Have an Interest In. and, list it in Part 1.				
46.	`	u own or have any legal or eq	uitable interest in any farm- or commercial fishing-related property?				
	☐ Yes	s. Go to line 47.					
		_					
Pa	rt 7:	Describe All Property You Own	n or Have an Interest in That You Did Not List Above				
53.		u have other property of any k ples: Season tickets, country clu					
	_	Give specific information					
54	. Add f	the dollar value of all of your	entries from Part 7. Write that number here	\$0.00			

Official Form 106A/B Schedule A/B: Property page 5 Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com 19-30590-jda Doc 1 Filed 03/12/19 Entered 03/12/19 15:41:00 Page 14 of 55

List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$34,200.00 56. Part 2: Total vehicles, line 5 \$3,761.25 57. Part 3: Total personal and household items, line 15 \$4,500.00 58. Part 4: Total financial assets, line 36 \$4,300.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00

Case number (if known)

Debtor 1

Michael Earl Leslie

Fill in this infor	rmation to identify your	case:		
Debtor 1	Michael Earl Lesi	ie		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt			
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.	
	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11 U	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	3351 Lyndon Ave Flint, MI 48504	\$34,200.00		\$0.00	11 U.S.C. § 522(d)(1)
	Genesee County Parcel 14-27-551-096. Value based on 2x SEV. Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	2007 Chrysler 300 Touring 170,000	\$3,761.25		\$0.00	11 U.S.C. § 522(d)(2)
Retail.	Value based on 85% NADA Clean			100% of fair market value, up to any applicable statutory limit	
	Typical Furniture. No item over \$600. Line from Schedule A/B: 6.1	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)
	Line from Schedule AVB: 0.1			100% of fair market value, up to any applicable statutory limit	
	Typical Kitchenware. No item over \$600.	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 6.2			100% of fair market value, up to any applicable statutory limit	
	Typical Electronics (TV, Cell Phones,	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)
	Computer). No item over \$600. Line from <i>Schedule A/B</i> : 7.1			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Typical Clothing. No item over \$600. Line from Schedule A/B: 11.1	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)
	Line Irom Schedule AVB. 11.1			100% of fair market value, up to any applicable statutory limit	
	Typical Jewelry Line from Schedule A/B: 12.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(4)
	Lille Hotti Schedule AVB. 12.1			100% of fair market value, up to any applicable statutory limit	
	Checking: ELGA Credit Union Line from Schedule A/B: 17.1	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(5)
	Lille Hotti Schedule AVB. 17.1			100% of fair market value, up to any applicable statutory limit	
	Refund from prior bankruptcy. Sent by Trustee, but not yet received.	\$3,100.00		\$3,100.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 30.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every Subject to adjustment of 4/01/19 and every Subject to 4/01/19 and every Subject to 4/01/19 and every Subject to			led on or after the date of adjustme	nt.)
	Yes. Did you acquire the property covered No	ed by the exemption wi	thin 1	,215 days before you filed this case	?
	☐ Yes				

Fill in this informat	tion to identify you	r case:			
Debtor 1	Michael Earl Les	slie			
Debtor 2	First Name	Middle Name Last Name			
	First Name	Middle Name Last Name		-	
United States Bankr	ruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN			
Case number				_	if this is an led filing
				amend	lea ming
Official Form		Who Have Claims Secure	d by Propert	v	12/15
Be as complete and a	ccurate as possible.	If two married people are filing together, both are edut, number the entries, and attach it to this form. C	qually responsible for su	upplying correct informa	tion. If more space
1. Do any creditors ha	ve claims secured by	your property?			
☐ No. Check th	is box and submit th	nis form to the court with your other schedules. Y	ou have nothing else t	o report on this form.	
Yes. Fill in al	of the information	below.			
Part 1: List All S	Secured Claims				
for each claim. If more	than one creditor has	nore than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Ditech	_	Describe the property that secures the claim:	\$44,966.00	\$34,200.00	\$10,766.00
Attn: Bankruptcy Po Box 6172		3351 Lyndon Ave Flint, MI 48504 Genesee County Parcel 14-27-551-096. Value based on 2x SEV. As of the date you file, the claim is: Check all that apply.			
Rapid City, S	y, State & Zip Code	☐ Contingent ☐ Unliquidated			
Who owes the debt	Oh a alvana	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only	r Check one.	☐ An agreement you made (such as mortgage or se	cured		
Debtor 2 only		car loan)			
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the		☐ Judgment lien from a lawsuit			
☐ Check if this clain community debt	n relates to a	☐ Other (including a right to offset)			
Date debt was incurre	Opened 06/94 Last Active	Last 4 digits of account number 1059			
	ed 4/04/16	Last 4 digits of account number 1059			
Santander C USA	Consumer	Describe the property that secures the claim:	\$4,983.97	\$3,761.25	\$1,222.72
Creditor's Name		2007 Chrysler 300 Touring 170,000			
		Miles Value based on 85% NADA Clean Retail.			
Po Box 9612 Ft Worth, TX	-	As of the date you file, the claim is: Check all that apply. Contingent			
	y, State & Zip Code	☐ Unliquidated			
Who owes the debt	? Check one.	Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only		☐ An agreement you made (such as mortgage or se	ecured		
Debtor 2 only		car loan)			
☐ Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
Official Form 106D		Schedule D: Creditors Who Have Claims Sec	cured by Property		page 1 of 2

Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com 19-30590-jda Doc 1 Filed 03/12/19 Entered 03/12/19 15:41:00 Page 18 of 55

Debtor 1	Michael Earl Leslie			C	Case number (if known)	
	First Name	Middle N	lame Last Name		_	
☐ Check	t one of the deb if this claim re nunity debt	otors and another	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Date debt	was incurred	Opened 05/12 Last Active 3/09/18	Last 4 digits of account numbe	r <u>1000</u>		
		•	Column A on this page. Write that numbe the dollar value totals from all pages.	r here:	\$49,949.97	
	tne last page at number her		the dollar value totals from all pages.		\$49,949.97	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this infor	rmation to identify your	case:				
Debtor 1	Michael Earl Lesli					
Dobtor 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN			
Case number						
(if known)					☐ Check	
					amend	ed filing
Official For	m 106F/F					
		ho Have Unsecu	red Claims			12/15
		e Part 1 for creditors with Pl		t 2 for craditors with NON	IDDIODITY claims I i	
left. Attach the Co name and case nu	ontinuation Page to this pag	ured by Property. If more sp e. If you have no information secured Claims				
1. Do any credit	tors have priority unsecure	d claims against you?				
☐ No. Go to	Part 2.					
Yes.						
2. List all of you identify what t possible, list the	ype of claim it is. If a claim ha he claims in alphabetical orde	s. If a creditor has more than c is both priority and nonpriority or according to the creditor's na- rticular claim, list the other cre	amounts, list that claim he ame. If you have more tha	ere and show both priority a	and nonpriority amount	ts. As much as
(For an explar	nation of each type of claim, s	see the instructions for this form	m in the instruction bookle	et.) Total claim	Priority amount	Nonpriority amount
2.1 Interna	al Revenue Service	Last 4 digits of	account number	\$3,240.91		\$1,913.91
,	reditor's Name	When was the	dobt inquired?			
PO Bo	ıl Insolvency Op x 7346	Wileli was tile t			-	
Philade	elphia, PA 19101-7340	6				
	Street City State Zip Code	As of the date y	ou file, the claim is: Cho	eck all that apply		
_	ed the debt? Check one.	☐ Contingent				
■ Debtor 1	only	☐ Unliquidated				
Debtor 2	only	☐ Disputed				
Debtor 1	and Debtor 2 only	Type of PRIORI	TY unsecured claim:			
☐ At least of	one of the debtors and anothe	Domestic su	pport obligations			
☐ Check if	this claim is for a commur	nity debt Taxes and co	ertain other debts you owe	e the government		
	subject to offset?	_	eath or personal injury whi	ile you were intoxicated		
No		П онь С :	£			

Income Taxes

☐ Yes

Debtor	1 Michael Earl Leslie	Case number (i	f known)		
2.2	Michigan Attorney General	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name G Mennen Williams Bldg 525 W Ottawa Street PO Box 30212 Lansing, MI 48909	When was the debt incurred?			
-	Number Street City State Zip Code	As of the date you file, the claim is: Check all that app	oly		
WI	no incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	At least one of the debtors and another	☐ Domestic support obligations			
	Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government	ent		
	the claim subject to offset?	☐ Claims for death or personal injury while you were int			
	No	☐ Other. Specify			
	Yes	Notice Only			
2.3	Michigan Dept of Treasury	Last 4 digits of account number	6,667.39	\$1,309.01	\$5,358.38
	Priority Creditor's Name Collection Division/Bankruptcy P.O. Box 30168	When was the debt incurred?			
-	Lansing, MI 48909-7668 Number Street City State Zip Code	As of the date you file, the claim is: Check all that app	oly		
WI	no incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	At least one of the debtors and another	☐ Domestic support obligations			
	Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government	ent		
	the claim subject to offset?	☐ Claims for death or personal injury while you were int			
	No	☐ Other. Specify			
	Yes	Notice Only			
2.4	U.S. Attorney Office	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name Attn.: Civil Division	When was the debt incurred?			
	211 W. Fort St. Suite 2001				
	Detroit, MI 48216 Number Street City State Zip Code	As of the date you file, the claim is: Check all that app	dv		
WI	no incurred the debt? Check one.	☐ Contingent	лу		
	Debtor 1 only				
	Debtor 2 only	☐ Unliquidated			
	•	☐ Disputed Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
	At least one of the debtors and another	· · · · ·			
	Check if this claim is for a community debt	 ■ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were interested. 			
_	the claim subject to offset? No		oxicated		
	Yes	Other. Specify Notice Only			
		•			
Part 2:					
	any creditors have nonpriority unsecured clain				
	No. You have nothing to report in this part. Submit	this form to the court with your other schedules.			
	Yes.				

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

Schedule E/F: Creditors Who Have Unsecured Claims Official Form 106 E/F

Page 2 of 11

Debtor 1	Michael	Earl Leslie
----------	---------	-------------

Case number (if known)

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Σ.			Total claim
American Anesthesiology of Michigan	Last 4 digits of account number	6263	\$1,360.00
Nonpriority Creditor's Name PO Box 120153 Grand Rapids, MI 49528-0103	When was the debt incurred?	2018	-
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Medical Bil	<u> </u>	-
Asset Acceptance, LLC	Last 4 digits of account number	0625	\$1,252.00
Nonpriority Creditor's Name 320 E. Big Beaver	When was the debt incurred?	2012	
Suite 300	when was the dept incurred:	2012	-
Troy, MI 48083	_		
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	Latetan	
At least one of the debtors and another	Student loans	i ciaim:	
☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Judgment		-
CBCS	Last 4 digits of account number	2801	\$434.78
Nonpriority Creditor's Name	_		***************************************
PO Box 163333	When was the debt incurred?	2016	-
Columbus, OH 43216-3333 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	, , ,	o. Chook an anat apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
□Yes	Other. Specify Collection	or McLaren Flint	

Debte	or 1 Michael Earl Leslie	Case number (if known)		
4.4	CBM Services Inc.	Last 4 digits of account number	6965	\$160.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 551 Midland, MI 48640	When was the debt incurred?	Opened 06/16	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Of Flint	or Diagnostic Radiology Assc	
4.5	CBM Services Inc. Nonpriority Creditor's Name	Last 4 digits of account number	5814	\$70.00
	Attn: Bankruptcy Po Box 551	When was the debt incurred?	Opened 09/17	
	Midland, MI 48640 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Collection of Of Flint	or Diagnostic Radiology Assc	
4.6	ChexSystems Collection Agency Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00
	7805 Hudson Road Suite 100 Saint Paul, MN 55125	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other Specify Notice Only	• •	
		Outlon Opooliy		

Client Financial Services	Last 4 digits of account number	6593	\$363.31	
Nonpriority Creditor's Name	_		ψ303.31	
209 South Alloy Drive Fenton, MI 48430	When was the debt incurred?	2017	_	
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
lebt s the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
No	Debts to pension or profit-sharin	g plans, and other similar debts		
☐Yes	Other. Specify Collection 1	for McLaren Flint		
Client Financial Services	Last 4 digits of account number	6128	\$1,345.45	
Nonpriority Creditor's Name 209 South Alloy Drive Fenton, MI 48430	When was the debt incurred?	2017		
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply		
Vho incurred the debt? Check one.	•	,		
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
lebt s the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
No	Debts to pension or profit-sharin	g plans, and other similar debts		
☐ Yes	Other. Specify Collection 1	for McLaren Flint		
Credit Collections Services	Last 4 digits of account number	3618	\$485.00	
Nonpriority Creditor's Name Attention: Bankruptcy	When was the debt incurred?	Opened 02/15		
725 Canton Street	Timon mas are dest interieur	<u> </u>		
Norwood, MA 02062				
Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply		
Who incurred the debt? Check one.	-			
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	Disputed	d alaim.		
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a ciaiin:		
☐ Check if this claim is for a community lebt	_	retion core and or divor- that we did and		
s the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not		
No	Debts to pension or profit-sharin	g plans, and other similar debts		
☐Yes	Other. Specify Collection 1	for Progressive		

Dort Federal Credit Un	Last 4 digits of account number	6146	\$745.0	
Nonpriority Creditor's Name Attn: Bankruptcy 9048 Holly Road Grand Blanc, MI 48439	When was the debt incurred?	Opened 12/17 Last Active 3/01/18		
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt s the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not		
No	Debts to pension or profit-sharin	g plans, and other similar debts		
Yes	Other. Specify Unsecured			
Dort Federal Credit Un	Last 4 digits of account number	6159	\$499.0	
Nonpriority Creditor's Name			,	
Attn: Bankruptcy	W/	Opened 06/12 Last Active		
9048 Holly Road Grand Blanc, MI 48439	When was the debt incurred?	3/01/18		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply		
Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts			
No				
☐ Yes	Other. Specify Credit Card	l		
Dort Federal Credit Un	Last 4 digits of account number	6145	\$232.0	
Nonpriority Creditor's Name				
Attn: Bankruptcy 9048 Holly Road	When was the debt incurred?	Opened 06/17 Last Active 3/01/18		
Grand Blanc, MI 48439	=			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Спеск ан that арргу		
Debtor 1 only	Constituent			
Debtor 1 only Debtor 2 only	☐ Contingent☐ Unliquidated			
_				
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans			
☐ At least one of the debtors and another ☐ Check if this claim is for a community				
☐ Check if this claim is for a community debt is the claim subject to offset?	_	aration agreement or divorce that you did not		
■ No	Debts to pension or profit-sharin	ng plans, and other similar debts		
• • •	Other. Specify Unsecured			

Michael Earl Leslie		
Equifax	Last 4 digits of account number	\$0
Nonpriority Creditor's Name PO Box 740241	When was the debt incurred?	
Atlanta, GA 30374 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Notice Only	
Experian	Last 4 digits of account number	\$0
Nonpriority Creditor's Name 955 American Lane	When was the debt incurred?	
Schaumburg, IL 60173 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneok all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Notice Only	
HHRG	Last 4 digits of account number 6166	\$803
Nonpriority Creditor's Name PO Box 8486	When was the debt incurred? 2017	
Coral Springs, FL 33075-8486	As of the data were file the plain in Ol. 1. II.d	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Collection for Emergency Department	
☐ Yes	Other. Specify Physicians	

1 Michael Earl Leslie		Case number (if known)			
I C System Inc	Last 4 digits of account number	5650	\$68.0		
Nonpriority Creditor's Name 444 Highway 96 East P.O. Box 64378	way 96 East When was the debt incurred? Opened 06/17				
St. Paul, MN 55164					
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
Who incurred the debt? Check one.					
■ Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
☐ Yes	Other. Specify Collection	for Pulmonary Assoc P C			
LVNV Funding LLC	Last 4 digits of account number	1402	\$991.0		
Nonpriority Creditor's Name PO Box 10497	When was the debt incurred?	2010	*****		
Greenville, SC 29603	- As a full a late of the discrete				
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
■ Debtor 1 only	O continuent				
Debtor 2 only	☐ Contingent☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans				
☐ Check if this claim is for a community					
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
☐ Yes	Other Specify Judgment				
Merchants & Medical Credit Corp		0378	\$190.0		
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ.00.		
Attn: Bankruptcy 6324 Taylor Drive	When was the debt incurred?	Opened 02/17			
Flint, MI 48507 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
Who incurred the debt? Check one.	•	11,7			
■ Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community					
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
No	Debts to pension or profit-sharing	ng plans, and other similar debts			
□Yes	Other Specify Collection	for Greater Flint Sports Medicine			

Debtor	Michael Earl Leslie		Case number (if known)	
4.1	Merrick Bank/CardWorks	Last 4 digits of account number	1491	\$710.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804	When was the debt incurred?	Opened 01/16 Last Active 4/12/18	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit Card	1	
4.2	TransUnion			¢0.00
0	Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00
	2 Baldwin Place PO Box 1000	When was the debt incurred?		
	Crum Lynne, PA 19022 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Notice Onl	у	
4.2	Unemployment Insurance Agency	Last 4 digits of account number		\$0.00
	Nonpriority Creditor's Name Benefit Overpayment Collection P.O. Box 9045 Detroit, MI 48202-9045	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	-		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	Yes	Other. Specify Notice Onl	у	

Debtor 1 Michael Earl Leslie

Case number (if known)

1	otal
cla	aims
from Pa	art 2

6f.	Student loans	6
6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6
6h.	Debts to pension or profit-sharing plans, and other similar debts	6
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6
6j.	Total Nonpriority. Add lines 6f through 6i.	6

6f.	\$	Total Claim 0.00
6g. 6h. 6i.	\$ \$	0.00 0.00 26,172.54
6j.	\$	26,172.54

Fill in this infor						
Debtor 1	Michael Earl Lesl	ie				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	PF MICHIGAN			
Case number (if known)					_	eck if this is an nended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have th , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.5	2				
	Name				_
	Number	Street			
	City		State	ZIP Code	

Fill in this	s information to identify your	case:		
Debtor 1	Michael Earl Lesi			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, fili	ing) First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT C	OF MICHIGAN	
Case num	ber			
(if known)				☐ Check if this is an amended filing
Officia	ll Form 106H			
	dule H: Your Cod	ehtors		12/15
1. Do	e and case number (if known) you have any codebtors? (If			e as a codebtor.
■ No □ Yes				
	thin the last 8 years, have you na, California, Idaho, Louisiana,			ry? (Community property states and territories include ington, and Wisconsin.)
	. Go to line 3. s. Did your spouse, former spot	use, or legal equivalent liv	e with you at the time?	
in line Form	e 2 again as a codebtor only i	f that person is a guaran	ntor or cosigner. Make	r if your spouse is filing with you. List the person show sure you have listed the creditor on Schedule D (Offici 06G). Use Schedule D, Schedule E/F, or Schedule G to f
	Column 1: Your codebtor Name, Number, Street, City, State and Zi	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street City	State	ZIP Code	_
				Пол
3.2	Name			□ Schedule D, line □ Schedule E/F, line □ Schedule G, line
	Number Street City	State	ZIP Code	_

Official Form 106H Schedule H: Your Codebtors Page 1 of 1 Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com 19-30590-jda Doc 1 Filed 03/12/19 Entered 03/12/19 15:41:00 Page 32 of 55

						_			
	in this information to identify your otor 1 Michael Ea								
	otor 2	TI Lesile							
(Spo	buse, if filing)								
Uni	ted States Bankruptcy Court for th	e: EASTERN DISTRICT	OF MICHIGAN						
Case number ((ff known)			-			Check if this is:			
(II KI	iowii)					☐ An amende	Ū	postpetition cha	ntor
						- ''		llowing date:	DIEI
0	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
spo atta	plying correct information. If you use. If you are separated and you has separate sheet to this form Describe Employment	ur spouse is not filing wi . On the top of any additi	ith you, do not inclu	ıde infor	mati	on about your spo	use. If mo	re space is need	led,
1.	Fill in your employment information.	Debtor 1	Debtor 1			Debtor 2 or non-filing spouse			
	If you have more than one job,	Francis manufacture	☐ Employed	☐ Employed			☐ Employed		
	attach a separate page with information about additional employers.	Employment status	■ Not employed			■ Not er	■ Not employed		
		Occupation	Retired			Retired			
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						=
Par	Give Details About Mo	onthly Income							
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to r	eport for	any	line, write \$0 in the	space. Incl	lude your non-filin	ıg
	u or your non-filing spouse have n e space, attach a separate sheet t		ombine the information	on for all	empl	oyers for that perso	n on the lin	nes below. If you r	need
						For Debtor 1	For Deb	otor 2 or ng spouse	
2.	List monthly gross wages, sal deductions). If not paid monthly			2.	\$	0.00	\$	0.00	
3.	Estimate and list monthly over	rtime pay.		3.	+\$	0.00	+\$	0.00	

Calculate gross Income. Add line 2 + line 3.

4. \$ **0.00**

page 1

Copy line 4 here	For Debtor 2 or non-filing spouse	
5a. Tax, Medicare, and Social Security deductions 5a. \$ 0.00 \$ 0.0 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 \$ 0.0 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ 0.0 5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ 0.0 5e. Insurance 5e. \$ 0.00 \$ 0.0 5f. Domestic support obligations 5f. \$ 0.00 \$ 0.0 5g. Union dues 5g. \$ 0.00 \$ 0.0 5h. Other deductions. Specify: 5h. \$ 0.00 \$ 0.0 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.0 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.0 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm	<u> </u>	
5b. Mandatory contributions for retirement plans 5c. Voluntary contributions 5c. Voluntary contributions 5d. Voluntary contributions 5d		
5b. Mandatory contributions for retirement plans 5c. 0.00 \$ 0.00 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ 0.00 5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ 0.00 5e. Insurance 5e. \$ 0.00 \$ 0.00 5c. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5g. Union dues 5g. \$ 0.00 \$ 0.00 5h. Other deductions. Specify: 5h. \$ 0.00 \$ 0.00 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.0)	
5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ 0.0 5e. Insurance 5e. \$ 0.00 \$ 0.0 5f. Domestic support obligations 5f. \$ 0.00 \$ 0.0 5g. Union dues 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.0 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.0 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.0 8d. Unemployment compensation 8d. Unemployment compensation 8d. Unemployment assistance that you regularly receive		
5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ 0.0 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5g. Union dues 6. Add the payroll deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.0 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly te income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.0 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.0 8e. Social Security 8f. Other government assistance that you regularly receive		
5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.0 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.0 8e. Social Security 8f. Other government assistance that you regularly receive	_	
5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.0 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.0 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.0 8d. Unemployment compensation 8d. \$ 0.00 8e. Social Security 8e. \$ 0.00 961.0		
5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$0.00 \$0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$0.00 \$0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 \$0.00 8d. Unemployment compensation 8d. \$0.00 \$0.00 8e. Social Security 8e. \$0.00 \$0.00 961.0	_	
5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.0 \$	<u> </u>	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.0 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.0		
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.0 \$	<u> </u>	
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.0 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.0	<u>)</u>	
8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive)	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive		
8e. Social Security 8e. \$ 0.00 \$ 961.0 8f. Other government assistance that you regularly receive	_ <u>)</u>	
8f. Other government assistance that you regularly receive	<u>) </u>	
)	
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.0 \$ 1,023.17 \$ 184.0		
8h. Other monthly income. Specify: Delphi Pension 8h.+ \$ 1,653.30 + \$ 0.0	<u>)</u>	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\\$\$\\$\\$\\$\\\$\	14	
10. Calculate monthly income. Add line 7 + line 9.	3,821.51	
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$	0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$	3,821.51	
Comb monti	ined ily income	
13. Do you expect an increase or decrease within the year after you file this form?No.		
Yes. Explain:		

EHI	in this informs	ation to identify yo	our caca:			1					
	otor 1	Michael Earl					t if this is:				
1	Debtor 2 (Spouse, if filing)						☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date:				
Unit	ed States Bankı	ruptcy Court for the	EASTE	RN DISTRICT OF MICHIG	AN		MM / DD / YYYY				
	e number nown)										
		orm 106J	Evnor								
Be info	as complete ormation. If m mber (if know		possible eded, atta y questio	. If two married people ar ch another sheet to this t							
1.	Is this a joir										
	■ No. Go to □ Yes. Doe	o line 2. es Debtor 2 live	in a separ	ate household?							
	□ N □ Y	-	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debto	or 2.				
2.	Do you hav	e dependents?	■ No								
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?			
	Do not state dependents							□ No □ Yes			
								□ No			
								☐ Yes ☐ No			
								☐ Yes			
								□ No			
3.	expenses o	penses include of people other t	han 👝	No Yes				☐ Yes			
		d your depende	1113 :								
exp	imate your ex	a date after the	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp							
the	value of suc	h assistance an		government assistance it			Your expe	enses			
(Oi	ficial Form 10	.)					Tour exp				
4.		or home owners and any rent for th		ses for your residence. In or lot.	nclude first mortgage	e 4. \$		0.00			
	If not include	ded in line 4:									
	4a. Real	estate taxes				4a. \$		0.00			
	•	erty, homeowner's				4b. \$		0.00			
		e maintenance, re eowner's associat		upkeep expenses dominium dues		4c. \$ 4d. \$		50.00 0.00			
5.				our residence, such as ho	me equity loans	5. \$		0.00			

Official Form 106J Schedule J: Your Expenses 19-30590-jda Doc 1 Filed 03/12/19 Entered 03/12/19 15:41:00 Page 36 of 55

Fill in this in	formation to identify your	case:			
Debtor 1	Michael Earl Lesl	ie			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN		
Case number					☐ Check if this is an amended filing
	orm 106Dec ation About a	ın Individual	Debtor's Sch	edules	12/15
,	n. 18 U.S.C. §§ 152, 1341, 1	519, and 3571.			
Did you	pay or agree to pay some	one who is NOT an attori	ney to help you fill out ban	kruptcy forms?	
■ No					
☐ Yes	s. Name of person				ptcy Petition Preparer's Notice, and Signature (Official Form 119)
	enalty of perjury, I declare v are true and correct.	that I have read the sumi	mary and schedules filed w	vith this declaration a	and
X /s/ N	Michael Earl Leslie		X		
	hael Earl Leslie ature of Debtor 1		Signature of De	btor 2	
Date	March 12, 2019		Date		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

Best Case Bankruptcy

Fil	l in this inforr	nation to identify you	r case:			
De	btor 1	Michael Earl Les	lie			
_		First Name	Middle Name	Last Name		
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
	se number _ nown)				_ c	heck if this is an
					aı	mended filing
	fficial Fo					
St	atement	of Financial	Affairs for Indivic	luals Filing for B	ankruptcy	4/16
					equally responsible for suppy additional pages, write you	
		n). Answer every ques		uns form. On the top of any	additional pages, write you	i name and case
Pa	rt 1: Give D	Details About Your Ma	arital Status and Where You	Lived Before		
1.	What is you	r current marital statu	16?			
•	_	our on markar state				
	■ Married					
		ried				
2.	During the I	ast 3 years, have you	lived anywhere other than v	where you live now?		
	■ No					
	☐ Yes. Lis	st all of the places you I	ived in the last 3 years. Do no	ot include where you live now	'.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2
			lived there			lived there
3. stat					ity property state or territory co, Texas, Washington and W	
	_	, , , , , , , , , , , , , , , , , , , ,	,,		, ·, · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	■ No	oka aura van fill aut Cal	hadula III Vaux Cadabtara (Ot	ficial Form 406LI)		
	☐ Yes. Ma	ake sure you fill out S <i>cr</i>	hedule H: Your Codebtors (Of	iiciai Form 106H).		
Pa	rt 2 Explai	in the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	u received from all jobs and a	all businesses, including part-		dar years?
	If you are filir	ng a joint case and you	have income that you receive	e together, list it only once ur	der Debtor 1.	
	□ No					
	Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
Fre	om Januarv 1	of current year until	Wagaa assessassassassassassassassassassassassa	\$0.00	☐ Wages, commissions,	,
		d for bankruptcy:	Wages, commissions, bonuses, tips	40.00	bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	Debtor 1		Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
For last calendar year: (January 1 to December 31, 2018)	■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips		
	☐ Operating a business		☐ Operating a business		
For the calendar year before that: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$99.00	☐ Wages, commissions, bonuses, tips		
	☐ Operating a business		☐ Operating a business		

Did you receive any other income during this year or the two previous calendar years?

Debtor 1

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

	Deptor i		Debior 2			
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)		
From January 1 of current year until the date you filed for bankruptcy:	GM Pension	\$2,732.33				
	Delphi Pension	\$3,408.01				
For last calendar year: (January 1 to December 31, 2018)	GM Pension	\$16,394.00				
	Delphi Pension	\$20,448.05				
For the calendar year before that: (January 1 to December 31, 2017)	GM Pension	\$16,394.00				
	Delphi Pension	\$20,448.05				

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

 \square No.

☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Official Form 107

Best Case Bankruptcy

^{*} Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

De	btor 1 Mi	chael Earl	Leslie		Cas	e number (if known)		
	■ Yes.			ve primarily consumer de d for bankruptcy, did you p		al of \$600 or more	?	
		■ No.	Go to line 7.					
		□ Yes	List below each credit	tor to whom you paid a tota domestic support obligation ruptcy case.				
	Creditor	's Name and	d Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	ayment for
7.	Insiders in of which y	clude your rou are an of	elatives; any general pa ficer, director, person in	ccy, did you make a paym artners; relatives of any ger a control, or owner of 20% of 11 U.S.C. § 101. Include pa	neral partners; partne or more of their voting	erships of which you	ou are a genera iny managing a	al partner; corporations agent, including one for
		List all payn	nents to an insider.					
	Insider's	Name and	Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.		ear before	you filed for bankrupt	cy, did you make any pay	ments or transfer a	ny property on a	account of a d	ebt that benefited an
	insider?	avments on o	debts guaranteed or cos	signed by an insider.				
	_ `		Ü	,				
	■ No □ Yes.	List all nove	nents to an insider					
		Name and		Dates of payment	Total amount	Amount you	Reason for	this payment
	molder s	ivanic and	Addiess	Dates of payment	paid	still owe	Include cred	
Pa	rt 4: Ide	ntify Legal A	Actions, Repossession	ns, and Foreclosures				
9.	List all sumodification	ch matters, i	ncluding personal injury ntract disputes.	ccy, were you a party in and cases, small claims action				
	Case titl		etalis.	Nature of the case	Court or agency		Status of th	ne case
	Case nu			Nature of the case	Court of agency		Otatus of th	ie case
10.	Check all	that apply an	nd fill in the details belo	ccy, was any of your prop w.	erty repossessed, fo	oreclosed, garni	shed, attached	d, seized, or levied?
	Creditor	Name and	Address	Describe the Property		Date		Value of the
				Explain what happene	d			property
11.	accounts No	or refuse to	o make a payment bed	ptcy, did any creditor, inc cause you owed a debt?	cluding a bank or fin	nancial institutio	n, set off any a	amounts from your
		Fill in the de						
	Creditor	Name and	Address	Describe the action the	e creditor took	Date take	action was n	Amount
12.			you filed for bankrupt eiver, a custodian, or a	ccy, was any of your prop another official?	erty in the possessi	ion of an assigne	ee for the bene	efit of creditors, a
	■ No Yes							

Statement of Financial Affairs for Individuals Filing for Bankruptcy Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com 19-30590-jda Doc 1 Filed 03/12/19 Entered 03/12/19 15:41:00 Page 40 of 55

Official Form 107

Par	t 5: List Certain Gifts and Contribution	s			
13.	■ No □ Yes. Fill in the details for each gift.		did you give any gifts with a total value of more t		
	Gifts with a total value of more than \$60 per person Person to Whom You Gave the Gift and Address:	0	Describe the gifts	Dates you gave the gifts	Value
14.			did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Describe what you contributed	Dates you contributed	Value
	First New Life Church 605 E Gracelawn Ave Flint, MI 48505		\$380/month	various	\$9,120.00
15.	or gambling? ■ No □ Yes. Fill in the details.		since you filed for bankruptcy, did you lose any		
	Describe the property you lost and how the loss occurred	Include	the any insurance coverage for the loss the amount that insurance has paid. List pending note claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t7: List Certain Payments or Transfers	5			
16.	consulted about seeking bankruptcy or p	preparii	id you or anyone else acting on your behalf pay on garbankruptcy petition? s, or credit counseling agencies for services required		rty to anyone you
	□ No ■ Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	′ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	DIETRICH LAW FIRM 3815 West Saint Joseph Street Suite A200 Lansing, MI 48917-3687		Attorney Fees \$25.05, Filing Fee \$310.00, Pre-filing Credit Counseling \$14.95.		\$350.00
	contact@DietrichLawFirm.net				

Case number (if known)

Debtor 1 Michael Earl Leslie

Debtor 1 Michael Earl Leslie Case number (if known)

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.						
	☐ Yes. Fill in the details. Person Who Was Paid Address	Description and va transferred	lue of any prop	perty	Date payment or transfer was made	Amount of payment	
8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than pro transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). include gifts and transfers that you have already listed on this statement. No							
	☐ Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred payments received or del paid in exchange			received or debts	Date transfer was made	
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.						
	Name of trust	Description and va	lue of the prop	erty transferre	ed	Date Transfer was made	
Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for you sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit to houses, pension funds, cooperatives, associations, and other financial institutions. No Yes, Fill in the details.							
		st 4 digits of count number	Type of accourtinstrument	clo mo	te account was sed, sold, ved, or nsferred	Last balance before closing or transfer	
21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other d cash, or other valuables? ■ No □ Yes. Fill in the details.				box or other deposite	ory for securities,		
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, Str State and ZIP Code)		Describe the o	contents	Do you still have it?	
22.	Have you stored property in a storage unit or pla No Yes. Fill in the details.	•	nome within 1 y	ear before yo	u filed for bankruptcy	?	
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or ha to it? Address (Number, Str State and ZIP Code)		Describe the o	contents	Do you still have it?	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Michael Earl Leslie Case number (if known)

Pai	t 9: Identify Property You Hold or Control for	Someone Else					
23.	Do you hold or control any property that someofor someone.	one else owns? Include any prope	rty you	borrowed from, are storing fo	r, or hold in trust		
	■ No						
	Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Desci	ribe the property	Value		
Pai	t 10: Give Details About Environmental Inform	ation					
For	the purpose of Part 10, the following definitions	apply:					
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul	ir, land, soil, surface water, groun					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	sites.					
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste	, hazardous substance, toxic	substance,		
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of whe	n they o	occurred.			
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	e under	or in violation of an environm	ental law?		
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	_	nvironmental law, if you now it	Date of notice		
25.	Have you notified any governmental unit of any release of hazardous material?						
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		nvironmental law, if you now it	Date of notice		
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.						
	■ No □ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Natur	e of the case	Status of the case		
Pai	t 11: Give Details About Your Business or Con	nections to Any Business					
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of th	e following connections to an	y business?		
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, either	full-time or part-time			
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	nip (LLF	P)			
	☐ A partner in a partnership		- *				
		tive of a corporation					
	☐ An owner of at least 5% of the voting or equity securities of a corporation						

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Michael Earl Leslie Case number (if known)

	No. None of the above applies. Go to Part 12.							
28.	Yes. Check all that apply above and fill in the details below for each business.							
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed					
	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.						
	■ No □ Yes. Fill in the details below.							
	Name Address	Date Issued						

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 7

Debtor 1	Michael Earl Leslie		Case number (if known)
Part 12:	Sign Below		
are true a	and correct. I understand that ma		ents, and I declare under penalty of perjury that the answers operty, or obtaining money or property by fraud in connection up to 20 years, or both.
/s/ Mich	nael Earl Leslie		
	l Earl Leslie re of Debtor 1	Signature of Debtor 2	
Date N	March 12, 2019	Date	
Did you a	attach additional pages to <i>Your</i> S	Statement of Financial Affairs for Indiv	iduals Filing for Bankruptcy (Official Form 107)?
■ No			
☐ Yes			
Did you p ■ No	pay or agree to pay someone who	o is not an attorney to help you fill out	bankruptcy forms?
☐ Yes. N	lame of Person Attach the	Bankruptcy Petition Preparer's Notice, D	eclaration, and Signature (Official Form 119).

United States Bankruptcy Court Eastern District of Michigan

In re	Micha	el Earl Leslie	Case No.		
		Debtor(s)	Chapter	13	
		STATEMENT OF ATTORNEY FOR DEBTOR(S) PURSUANT TO F.R.BANKR.P. 2016(b)			
	The un	dersigned, pursuant to F.R.Bankr.P. 2016(b), states that:			
l.	The un	dersigned is the attorney for the Debtor(s) in this case.			
2.	The con	mpensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check of	ne]		
	[]	FLAT FEE			
	A.	For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid			
	B.	Prior to filing this statement, received			
	C.	The unpaid balance due and payable is			
	[X]	RETAINER			
	A.	Amount of retainer received		25.05	
	B.	The undersigned shall bill against the retainer at an hourly rate of \$See attached Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the			le.]
3.	\$ 310	0.00 of the filing fee has been paid.			
1.	In retur	n for the above-disclosed fee, I have agreed to render legal service for all aspects of t not apply.]	he bankrupt	tcy case, including: [Cross out	any
	A.	Analysis of the debtor's financial situation, and rendering advice to the debtor in debankruptcy;	etermining v	whether to file a petition in	
	B.	Preparation and filing of any petition, schedules, statement of affairs and plan which			
	C. D.	Representation of the debtor at the meeting of creditors and confirmation hearing, Representation of the debtor in adversary proceedings and other contested bankrup			
	E.—	Reaffirmations;	itely illustrate	,	
	F. —	Redemptions;			
	G.	Other:			
5.	By agre	ement with the debtor(s), the above-disclosed fee does not include the following serve Attorney fees are computed on an hourly basis. Attorney will submit \$3,200. Representation of the debtors in any dischargeability actions contested bankruptcy matters are not included and may require a support of the debtors.	an applica , any adve	ersary proceeding and or o	
		NOTE: In addition to the monies referenced in paragraph 1 & 2, the Didebtor(s) \$14.95 for the following expenses: Pre-filing Credit Counsel			
5.		arce of payments to the undersigned was from:	_		
	A. B.	Debtor(s)' earnings, wages, compensation for services performed	i		
	D.	Other (describe, including the identity of payor)			

	corporation, any compensation paid or to be paid except as follows:	
Dated:	March 4, 2019	
		Attorney for the Debtor(s)
		Robert W. Dietrich P49704
		DIETRICH LAW FIRM
		3815 West Saint Joseph Street
		Suite A200
		Lansing, MI 48917-3687
		(517) 374-8000 contact@DietrichLawFirm.net
Agreed:		
U	Michael Earl Leslie	
	Debtor	Debtor

The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or

7.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

	Chapter 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
:	+ \$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	¢310	total foo

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

In re	Michael Earl Leslie		Case No.				
		Debtor(s)	Chapter 13				
VERIFICATION OF CREDITOR MATRIX							
The abo	ove-named Debtor hereby verifies	s that the attached list of creditors is true and cor	rect to the best of his/her knowledge.				
Date:	March 12, 2019	/s/ Michael Earl Leslie					
		Michael Earl Leslie					
		Signature of Debtor					

67-3 District Court Case No. GC1200625 11820 N Saginaw St Mount Morris, MI 48458

67-3 District Court Case No. GCC1001402 11820 N Saginaw St Mount Morris, MI 48458

American Anesthesiology of Michigan PO Box 120153 Grand Rapids, MI 49528-0103

Asset Acceptance LLC Attn: Elizabeth Smith PO Box 2003 Warren, MI 48090-2003

Asset Acceptance, LLC 320 E. Big Beaver Suite 300 Troy, MI 48083

CBCS PO Box 163333 Columbus, OH 43216-3333

CBM Services Inc. Attn: Bankruptcy Po Box 551 Midland, MI 48640

ChexSystems Collection Agency 7805 Hudson Road Suite 100 Saint Paul, MN 55125

Client Financial Services 209 South Alloy Drive Fenton, MI 48430

Credit Collections Services Attention: Bankruptcy 725 Canton Street Norwood, MA 02062 Ditech
Attn: Bankruptcy
Po Box 6172
Rapid City, SD 57709

Dort Federal Credit Un Attn: Bankruptcy 9048 Holly Road Grand Blanc, MI 48439

Equifax PO Box 740241 Atlanta, GA 30374

Experian 955 American Lane Schaumburg, IL 60173

HHRG PO Box 8486 Coral Springs, FL 33075-8486

I C System Inc 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164

Internal Revenue Service Central Insolvency Op PO Box 7346 Philadelphia, PA 19101-7346

LVNV Funding LLC PO Box 10497 Greenville, SC 29603

Merchants & Medical Credit Corp Attn: Bankruptcy 6324 Taylor Drive Flint, MI 48507

Merrick Bank/CardWorks Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804 Michigan Attorney General G Mennen Williams Bldg 525 W Ottawa Street PO Box 30212 Lansing, MI 48909

Michigan Dept of Treasury Collection Division/Bankruptcy P.O. Box 30168 Lansing, MI 48909-7668

Santander Consumer USA Po Box 961245 Ft Worth, TX 76161

TransUnion 2 Baldwin Place PO Box 1000 Crum Lynne, PA 19022

U.S. Attorney Office Attn.: Civil Division 211 W. Fort St. Suite 2001 Detroit, MI 48216

Unemployment Insurance Agency Benefit Overpayment Collection P.O. Box 9045 Detroit, MI 48202-9045

University of Michigan Medicine Dept Ch 14410 Palatine, IL 60055-4410

Weltman, Weinberg & Reis Co. 2155 Butterfield Drive Suite 200-S Troy, MI 48084-3463